

**\*\*\*\* Counselor is responsible for sending  
a copy of this form to each vendor \*\*\*\***

# Original

## Modification

\* **Vendor Funds Allocated:** This is the total amount of funding available to the vendor within the stated dates of service: This total may change when additional funds are allocated or if they are recalled (due to a need to use the funding to meet other training needs). Before funds are recalled, the vocational counselor must contact the affected vendor to determine whether there are any outstanding bills. Funds cannot be recalled if they have been spent or if the vendor has an outstanding bill that will be paid. \*\* **Vendor signature:** Some vendors require their signature to confirm there are no outstanding bills. Please obtain if required by the vendor.

### *Recall of Funds & Vendor Verification*

Vocational Counselor:	Date	Signature	
Company	Phone No.	FAX No.	

***For Dept Use Only***

Claims Manager <input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended	Date	Phone No.	Signature
Supervisor of Industrial Insurance <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Date	Phone No.	Signature